

SUBSTANCE ABUSE ATTITUDE SURVEY

Objective:

To help workers gain an awareness of their personal attitudes about use and abuse of alcohol and drugs

Intended Use:

To help program leadership recognize and address misinformation and biases about alcohol and drug abuse among their staff members that could interfere with their ability to support families abusing or suspected of abusing substances

Audience:

- Supervisors of workers who interact with families

Outcome:

- Workers become aware of personal attitudes about substance use and abuse which can adversely affect the helping relationship

Context:

Every person has his or her own attitudes and beliefs about the use and abuse of substances such as illegal drugs, illegal use of prescription drugs, alcohol, and even tobacco. These attitudes are often deeply held and based on a person's own life history. Family advocates bring those values to their work. Some receive training and support to minimize the impact of those personal attitudes in order to be non-judgmental and more helpful to those being served. Many, however, do not. As a result, these attitudes may interfere with the helping relationship, and even do harm, though unintended, to those one hopes to support. Helping staff members build awareness of these personal attitudes is the first step toward understanding how they might affect their work.

An awareness of one's own attitudes and values is critical to family support work. Attitudes and values are internal and develop over years of life experience and can influence a worker's behavior, responses and approaches in the helping relationship. Many workers have not identified and explored their own attitudes, believing that they do not interfere with their work with others. Yet we all have deep feelings. When confronted with substance abuse, for example, those attitudes may be triggered and result in a response that is not helpful. This survey is a tool to begin the process of assessing personal attitudes, identifying both supportive attitudes and those that could be harmful.

The tool has no right or wrong answers, nor does it have a scoring function. It simply allows the worker and supervisor to identify the attitudes that generally help and those that generally hinder work with people abusing substances. The supervisor is responsible for working to change negative attitudes of the worker, acknowledging that attitudes are difficult to change. The supervisor may instead help the worker set aside personal attitudes, monitored by frequent consultation and quality assurance.



POINTERS: In addition to self-awareness and empathy, a family worker relating to someone misusing or abusing substances should strive for:

- respect for others
- openness to different perspectives
- belief that people can change
- an outlook that is nonjudgmental
- confidence in the power of positive motivation

The Process

The survey is an open-ended list of attitudes about substance use and abuse. A manager may use this tool one-on-one with a staff member, or with the team, using the tool to spur a group conversation. The manager asks staff members to share their thoughts about each of the subjects in the five topic areas, discussing how the responses may help or hinder work with a family or an individual.

Using the tool is not a one-time event. It should be spread out over a few weeks, to adequately explore each of the factor areas. The manager may ask staff members to try out new behaviors in consultation and with families, bringing their experiences back to the manager and team. The issues raised during these discussions can also identify areas where ongoing staff development would be beneficial.

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Factor I: Permissiveness

- Marijuana should be legalized.
- Personal use of drugs should be legal in the confines of one's own home.
- Daily use of one marijuana cigarette is not necessarily harmful.
- It can be normal for a teenager to experiment with drugs.
- Lifelong abstinence is a necessary goal in the treatment of alcoholism.
- Once a person becomes drug-free through treatment he can never become a social user.
- Parents should teach their children how to use alcohol.

Factor II: Treatment Intervention

- Family involvement is a very important part of the treatment of alcohol and drug addiction.
- The best way to treat alcohol- or drug-dependent people is to refer them to a good treatment program.
- Group therapy is very important in the treatment of alcoholism or drug addiction.
- Urine drug screening can be an important part of treatment of drug misuse.
- Long-term outpatient treatment is necessary for the treatment of drug addiction.
- Paraprofessional counselors can provide effective treatment for alcohol and drug misusers.

Factor III: Nonstereotypes

- People who use marijuana usually do not respect authority.
- Smoking leads to marijuana use, which, in turn, leads to hard drugs.
- Marijuana use leads to mental illness.
- Heroin is so addicting that no one can really recover once he/she becomes an addict.
- All heroin use leads to addiction.
- Weekend users of drugs will progress to drug misuse.
- A hospital is the best place to treat an alcoholic or drug addict.
- Recreational drug use precedes drug misuse.

Factor IV: Treatment optimism

- Drug addiction is a treatable illness.
- Alcoholism is a treatable illness.
- An alcohol- or drug-dependent person who has relapsed several times probably cannot be treated.
- Most alcohol- and drug-dependent persons are unpleasant to work with.
- An alcohol- or drug-dependent person cannot be helped until he/she has hit "rock bottom."

Factor V: Non-moralism

- Street pushers are the initial source of drugs for young people.
- Alcohol is so dangerous that it could destroy the youth of our country if not controlled by law.
- Angry confrontation is necessary in the treatment of alcoholics or drug addicts.
- Alcohol and drug misusers should only be treated by specialists in the field.
- Alcoholism is associated with a weak will.
- Using any hard drugs shortens one's life span.

